



FLWEMS Paramedic Medication Information For:

HALOPERIDOL

(Haldol)

(hah-low-**PAIR**-ih-dohl)

Pregnancy Category: C Apo-Haloperidol* Haldol Novo-Peridol* Peridol* PMS Haloperidol* PMS Haloperidol LA* (Rx)
Haloperidol decanoate
Haloperidol decanoate (Haldol Decanoate)
Haloperidol
(hah-low-**PAIR**-ih-dohl)

Pregnancy Category: C (decanoate form) Haldol Decanoate 50 and 100 Haldol LA* Rho-Haloperidol Decanoate* (Rx)
Haloperidol lactate
Haloperidol lactate (Haldol Lactate)
Haloperidol
(hah-low-**PAIR**-ih-dohl)

Pregnancy Category: C Haldol Lactate (Rx)

Classification: Antipsychotic, butyrophenone

Action/Kinetics

Precise mechanism not known. Competitively blocks dopamine receptors in the tuberoinfundibular system to cause sedation. Also causes alpha-adrenergic blockade, decreases release of growth hormone, and increases prolactin release by the pituitary. Causes significant extrapyramidal effects, as well as a low incidence of sedation, anticholinergic effects, and orthostatic hypotension. Narrow margin between the therapeutically effective dose and that causing extrapyramidal symptoms. Also has antiemetic effects. Peak plasma levels: PO, 3-5 hr; IM, 20 min; IM, decanoate: approximately 6 days. Therapeutic serum levels: 3-10 ng/mL. $t_{1/2}$, PO: 12-38 hr; IM: 13-36 hr; IM, decanoate: 3 weeks; IV: approximately 14 hr. Plasma protein binding: 90%. Metabolized in liver, slowly excreted in urine and bile.

Uses

Psychotic disorders including manic states, drug-induced psychoses, and schizophrenia. Severe behavior problems in children (those with combative, explosive hyperexcitability not accounted for by immediate provocation). Short-term treatment of hyperactive children who show excessive motor activity with accompanying conduct consisting of impulsivity, poor attention, aggression, mood lability, or poor frustration tolerance. Control of tics and vocal utterances associated with Gilles de la Tourette's syndrome in adults and children. The decanoate is used for prolonged therapy in chronic schizophrenia.

Investigational: Antiemetic for cancer chemotherapy, phencyclidine (PCP) psychosis, intractable hiccoughs, infantile autism. IV for acute psychiatric conditions.

Contraindications

Use with extreme caution, or not at all, in clients with parkinsonism. Lactation.

Special Concerns

PO dosage has not been determined in children less than 3 years of age; IM dosage is not recommended in children. Geriatric clients are more likely to exhibit orthostatic hypotension, anticholinergic effects, sedation, and extrapyramidal side effects (such as parkinsonism and tardive dyskinesia).

Side Effects

Extrapyramidal symptoms, especially akathisia and dystonias, occur more frequently than with the phenothiazines. Overdosage is characterized by severe extrapyramidal reactions, hypotension, or sedation. The drug does not elicit photosensitivity reactions like those of the phenothiazines.

Laboratory Test Alterations

↑Alkaline phosphatase, bilirubin, serum transaminase; ↓PT (clients on coumarin), serum cholesterol.

HALOPERIDOL

(Haldol)

Overdose Management

Symptoms: CNS depression, hypertension or hypotension, extrapyramidal symptoms, agitation, restlessness, fever, hypothermia, hyperthermia, *seizures*, *cardiac arrhythmias* changes in the ECG, autonomic reactions, *coma*. *Treatment:* Treat symptomatically. Antiparkinson drugs, diphenhydramine, or barbiturates can be used to treat extrapyramidal symptoms. Fluid replacement and vasoconstrictors (either norepinephrine or phen-ylephrine) can be used to treat hypotension. Ventricular arrhythmias can be treated with phenytoin. To treat seizures, use pentobarbital or diazepam. A saline cathartic can be used to hasten the excretion of sustained-release products.

Drug Interactions

Amphetamine / ↓Amphetamine effect by ↓uptake of drug at its site of action *Anticholinergics* / ↓Effect of haloperidol *Antidepressants, tricyclic* / ↑TCA effects R/T ↓liver breakdown *Barbiturates* / ↓Effect of haloperidol R/T ↑liver breakdown *Guanethidine* / ↓Guanethidine effect by ↓uptake of drug at site of action *Lithium* / ↑Toxicity of haloperidol *Methyldopa* / ↑Toxicity of haloperidol *Phenytoin* / ↓Effect of haloperidol due to ↑liver breakdown

How Supplied

Haloperidol: *Tablet:* 0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg. Haloperidol decanoate: *Injection:* 50 mg/mL, 100 mg/mL. Haloperidol lactate: *Concentrate:* 2 mg/mL; *Injection:* 5 mg/mL; *Solution:* 1 mg/mL

Dosage

•Oral Solution, Tablets *Psychoses*.

Adults: 0.5-2 mg b.i.d.-t.i.d. up to 3-5 mg b.i.d.-t.i.d. for severe symptoms; maintenance: reduce dosage to lowest effective level. Up to 100 mg/day may be required in some. Geriatric or debilitated clients: 0.5-2 mg b.i.d.-t.i.d. Pediatric, 3-12 years or 15-40 kg: 0.5 mg/day in two to three divided doses; if necessary the daily dose may be increased by 0.5-mg increments q 5-7 days for a total of 0.15 mg/kg/day for psychotic disorders.

Tourette's syndrome.

Adults, initial: 0.5-1.5 mg t.i.d., up to 10 mg daily. Adjust dose carefully to obtain the optimum response.

Children, 3 to 12 years: 0.05-0.075 mg/kg/day. Higher doses may be needed for those severely disturbed.

Behavioral disorders/hyperactivity in children.

Children, 3 to 12 years: 0.05-0.075 mg/kg/day. Higher doses may be needed for those severely disturbed.

Intractable hiccoughs (investigational).

1.5 mg t.i.d.

Infantile autism (investigational).

0.5-4 mg/day.

•IM, Lactate *Acute psychoses*.

Adults and adolescents, initial: 2-5 mg to control acute agitation; may be repeated if necessary q 4-8 hr to a total of 100 mg/day. Switch to PO therapy as soon as possible.

•IM, Decanoate *Chronic therapy*.

Adults, initial dose: 10-15 times the daily PO dose, not to exceed 100 mg initially, regardless of the previous oral antipsychotic dose; then, repeat q 4 weeks (decanoate is not to be given IV).

END OF INFORMATION – NOTHING FOLLOWS